## Attachment 3 - Services: General Provisions

3.1-C. Benchmark Benefit Package and Benchmark Equivalent Benefit Package (provided in accordance with 1937 of the Act and 42 CFR Part 440).

The State/Territo	ry provides	benchmark	benefits:
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- X Provided
- □ Not Provided

States/Territories can have more than one alternative/benchmark benefit plan for different individuals in the new optional group. If the State/Territory has more than one alternative benefit plan, as in the example below, then a pre-print would need to appear for each additional Benchmark Plan title. (Ex: if the box signifying "Plan A" was checked then the remainder of the pre-print that would appear would be specific only to "Plan A". If "Plan B" was checked then the following pre-print that would appear would be a completely new pre-print that would be filled out by the State/Territory and would correlate to "Plan B" only.)

	Title of Alternative Benefit Plan A BadgerCare Plus Benchmark
x	Title of Alternative Benefit Plan C: Mental Health/Substance Abuse Medical Home Pilot
	Add Titles of additional Alternative Benefit Plans as needed

- 1. Populations and geographic area covered
- X a) Individuals eligible under groups other than the early option group authorized under section 1902(a)(10(A)(i)(VIII) and 1902(k)(2)

The State/Territory will provide the benefit package to the following populations:

X (i) Populations who are full benefit eligibility individuals in a category established on or before February 8, 2006, who will be required to enroll in an alternative benefit plan to obtain medical assistance.

Note: Populations listed below may not be required to enroll in a benchmark plan. The Benchmark-exempt individuals under 1937(a)(2)(B) are:

- A pregnant woman who is required to be covered under the State/Territory plan under section 1902(a)(10)(A)(i) of the Act.
- An individual who qualifies for medical assistance under the State/Territory plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- An individual entitled to benefits under any part of Medicare.
- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.

- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally
  retarded, or other medical institution, and is required, as a condition of receiving services in that institution
  under the State/Territory plan, to spend for costs of medical care all but a minimal amount of the individual's
  income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the State/Territory's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR §438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.

An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.

- A parent or caretaker relative whom the State/Territory is required to cover under section 1931 of the Act.
- A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act.
- An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.
- An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.
- An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

- Each eligibility group the State/Territory will require to enroll in the alternative benefit plan;
- Each eligibility group the State/Territory will allow to voluntarily enroll in the alternative benefit plan;
- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

Required	Opt-In	Full-Benefit Eligibility Group and	Targeting	Geographic
Enrollment	Enrollment	Federal Citation	Criteria	Area
	X	Mandatory categorically needy low-	FFS indivi-	Pilot areas to
		income families and children eligible	duals with a	be
		under section 1925 for Transitional	diagnosis of a	determined
		Medical Assistance	serious	

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		mental illness	
		or substance	
į.		use disorder	
		with the	
		following	
		risk factors: 2	
1		or more	
		hospitalize-	
		tions or	1
		emergency	
 	******	room visits in	
		the past 12	
· ·		months; or	
		other key risk	
		factors	
		developed by	
		the DHS.	
- 1771 MONROLA SALA AL	Mandatory categorically needy poverty		
	level infants eligible under		
	1902(a)(10)(A)(i)(IV)		
Phillipper Workshipper of Education	Mandatory categorically needy poverty		
	level children aged 1 up to age 6 eligible		
	under 1902(a)(10)(A)(i)(VI)		
X	Mandatory categorically needy poverty	FFS indivi-	Pilot areas to
i	level children aged 6 up to age 19	duals with a	be
	level children aged 6 up to age 19 eligible under 1902(a)(10)(A)(i)(VII)	duals with a diagnosis of a	be determined
	eligible under 1902(a)(10)(A)(i)(VII)	duals with a diagnosis of a serious	
		diagnosis of a	
		diagnosis of a serious	
		diagnosis of a serious mental illness	
		diagnosis of a serious mental illness or substance	
		diagnosis of a serious mental illness or substance use disorder with the	
		diagnosis of a serious mental illness or substance use disorder	
		diagnosis of a serious mental illness or substance use disorder with the following	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalize-	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in the past 12	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in the past 12 months; or	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in the past 12 months; or other key risk factors	
		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in the past 12 months; or other key risk	
X		diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in the past 12 months; or other key risk factors developed by	
X	eligible under 1902(a)(10)(A)(i)(VII)	diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizetions or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	determined

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	from the Social Security Act for each eligibility group:  SSI Recipients  1902(a)(10)(A)(i)(I)	serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalize- tions or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	Pilot areas to
X	Optional categorically needy poverty level pregnant women eligible under 1902(a)(10)(A)(ii)(IX)	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	Pilot areas to be determined
	Optional categorically needy poverty level infants eligible under 1902(a)(10)(A)(ii)(IX)		
X	Optional categorically needy AFDC-related families and children eligible under 1902(a)(10)(A)(ii)(I)	FFS individuals with a diagnosis of a serious mental illness	Pilot areas to be determined

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			or substance	
			use disorder	
			with the	
			following	
•			risk factors: 2	
	İ		or more	
			hospitalize-	
			tions or	
			emergency	
			room visits in	:
			the past 12	
			months; or	
			other key risk	
			factors	
			developed by	
			the DHS.	
	X	Medicaid expansion/optional targeted	FFS indivi-	Pilot areas to
		low- income children eligible under	duals with a	be
		1902(a)(10)(A)(ii)(XIV)	diagnosis of a	determined
			serious	
			mental illness	
		!	or substance	
			use disorder	
			with the	}
			following	
			risk factors: 2	
			or more	
			hospitalize-	
			tions or	
			emergency	
			room visits in	
			the past 12	
			months; or	
			other key risk	•
			factors	
			developed by	
	37		the DHS.	
	X	Other optional categorically needy	FFS indivi-	Pilot areas to
		groups eligible under 1902(a)(10)(A)(ii)	duals with a	be
		as listed below and include the citation	diagnosis of a	determined
		from the Social Security Act for each	serious mental illness	
		eligibility group:	or substance	
		• CCI related	use disorder	
		SSI-related		
		•	with the	
		•	following	
		•	risk factors: 2	
			or more	

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- X (ii) The following populations will be given the option to voluntarily enroll in an alternative benefit plan. Please indicate in the chart below:
  - Each population the State/Territory will allow to voluntarily enroll in the alternative benefit plan,

developed by the DHS.

- Specify any additional targeted criteria for each included population (e.g., income standard).
- Specify the geographic area in which each population will be covered.

Opt-In	Included Eligibility Group and Federal	Targeting	Geographic
Enrollment	Citation	Criteria	Area
X	Citation  Mandatory categorically needy low-income parents eligible under 1931 of the Act	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalize- tions or emergency room visits in the past 12 months; or other key risk	Area Pilot areas to be determined
X	Mandatory categorically needy pregnant women eligible under 1902(a)(10)(A)(i)(IV) or another section under 1902(a)(10)(A)(i):	factors developed by the DHS.  FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations	Pilot areas to be determined

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		or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	
X	Individuals qualifying for Medicaid on the basis of blindness	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	Pilot areas to be determined
X	Individuals qualifying for Medicaid on the basis of disability	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	Pilot areas to be determined
X	Individuals who are terminally ill and receiving Medicaid hospice benefits under 1902(a)(10)(A)(ii)(vii)	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the	Pilot areas to be determined

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-		following risk	
		factors: 2 or	
		more	
		hospitalizations	
		or emergency	
		room visits in the	
		past 12 months;	
		or other key risk	
		factors	
and the state of t		developed by the	
		DHS.	
	Institutionalized individuals assessed a patient		
	contribution towards the cost of care		
X	Individuals dually eligible for Medicare and	FFS individuals	Pilot areas to be
	Medicaid (42 CFR §440.315)	with a diagnosis	determined
		of a serious	
		mental illness or	
		substance use	
		disorder with the	
		following risk	
		factors: 2 or	
		more	
		hospitalizations	
		or emergency	
		room visits in the	
	·	past 12 months;	
	·	or other key risk	
		factors	
		developed by the	
		DHS.	
X	Disabled children eligible under the TEFRA	FFS individuals	Pilot areas to be
	option - section 1902(e)(3)	with a diagnosis	determined
		of a serious	
		mental illness or	
		substance use	
		disorder with the	
		following risk	
		factors: 2 or	
		more	
		hospitalizations	
		or emergency	
		room visits in the	
1		past 12 months;	
		or other key risk	
		factors	
		developed by the	
		DHS.	
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X	Medically frail and individuals with special medical needs	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency	Pilot areas to be determined
		room visits in the past 12 months; or other key risk factors developed by the DHS.	
	Children receiving foster care or adoption assistance under title IV-E of the Act		
X	Women needing treatment for breast or cervical cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	Pilot areas to be determined
X	Individuals eligible as medically needy under section 1902(a)(10)(C)(i)(III)	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency	Pilot areas to be determined

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		room visits in the past 12 months; or other key risk factors developed by the DHS.	
X	Individuals who qualify based on medical condition for long term care services under 1917(c)(1)(C)	FFS individuals with a diagnosis of a serious mental illness or substance use disorder with the following risk factors: 2 or more hospitalizations or emergency room visits in the past 12 months; or other key risk factors developed by the DHS.	Pilot areas to be determined

## Limited Services Individuals

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	TB-infected individuals who are eligible under 1902(a)(10)(A)(ii)(XII)		
account from the back of the second s	Illegal or otherwise ineligible aliens who are only covered for emergency medical services under section 1903(v)	1.15%	

- X (iii) When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:
  - Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
  - Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
  - O Document in the exempt individual's eligibility file that:
    - The individual was informed in accordance with this section prior to enrollment,

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		· • 7			to arrive at an informe actively chose to enroll		chmark/benchmark-eq	uivalent
	0	benchma and the S	rk/benchmark- tate/Territory r	equivalent plan, the S nust comply with all	s have become exempt tate/Territory must info requirements related to to comply with this re	orm the ine voluntary	dividual they are now enrollment. Please de	exempt escribe
	0	benchma	rk/benchmark-	equivalent plan and h	requests made by exen as in place a process th hile the disenrollment	at ensures	exempt individuals ha	
	0				cks the total number or nd the total number wh			y enrolled
		which the		will inform each indi	. & 1b.) who voluntaril vidual that:	ly enroll, d	escribe in the below th	ie manner
		<ul><li>Each</li><li>Each</li></ul>	individual may	choose at any time n regain at any time im	ot to participate in an a mediate enrollment in			am under
disorde the risk problem Wiscom by com substan	rs ar of p ns ar sin a para ce u	e an enorre an enorre bhysical ill and risk fac adults, the tively high se disorde	nous social and ness. More spe tors such as sm burden of chro ner rates of care rs often find it	l economic burden to cifically, mental heal oking, physical inactinic physical disease fliovascular disease and difficult to manage the	n terms of causing disassociety by themselves, the disorders are associativity, obesity, and substalls heavily on those wand diabetes. Individual the primary health care strisis which results in primary healths.	but are all ated with intance abuse with mental s with seri	so associated with increased rates of chrone and dependence. An health problems, as e ous mental illnesses at to the symptoms of the	reases in nic health nong videnced nd

cost to the health care system.

The Mental Health and Substance Abuse Medical Home will initially pilot a medical home to enroll fee-for-service individuals who have a serious mental illness or substance use disorder that experience risk factors such as two or more hospitalization or emergency room visits in the past year or other risk factors to be developed, into the Mental Health and Substance Abuse Medical Home Alternative Benchmark Plan C. This plan includes the full benefit package under the Medicaid/Standard Package but adds additional components that are critical for this vulnerable population with emphasis on the health care and behavioral health coordination thru a Medical Home and other additional services. The program will operate on an all in/opt out model. The participants will have the option of disenrolling after six months.

Wisconsin will use different avenues to inform each individual about their rights under this program. Below are some of the ways in which the state plans to inform individuals, Tribal governments, advocates, and the community about the program:

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1. The state will hold information sharing meetings with consumer groups, counties, tribes, mental health and stabuse providers, and established community and advocacy groups.							
	These sessions will serve as a forum for the state to explain the feedback on its outreach strategies.	new benefit, respond	to questions, and to solicit				
2.	2. The state will meet with Tribal representatives to discuss the pro- American Indian and Alaskan Native and will obtain their recon-		rsons who are identified as				
3.	3. The state will develop informing materials that:						
	<ul> <li>b. Explain the nature of the voluntary enrollment, including the out process.</li> <li>c. Clearly inform individuals and families that participation in package under Medicaid.</li> <li>d. Explain the benefits of the enhanced services, including have disciplinary treatment plan that addresses access and coordinates.</li> </ul>	<ul> <li>b. Explain the nature of the voluntary enrollment, including the period of enrollment, exemption criteria, and the op out process.</li> <li>c. Clearly inform individuals and families that participation in the program will not reduce their regular benefit package under Medicaid.</li> <li>d. Explain the benefits of the enhanced services, including having a person-centered and recovery based multi-disciplinary treatment plan that addresses access and coordination across the full spectrum of the individual's needs – from preventive services and health screenings, to specialty medical care, inpatient care, and community treatment services.</li> </ul>					
4.	4. The state will expand the duties of the Medicaid HMO Enrollment sharing to this population. The Enrollment Specialist will be restarted.						
	<ul> <li>a. Answering questions and providing information via the toll-procedures and member rights to individuals and families.</li> <li>b. Informing individuals and families about the voluntary nature participation.</li> <li>c. Letting individuals and families know that there is no cost of benefit is offered in addition to the full complement of servid.</li> <li>d. Educating individuals and families about the benefits of particommunication and coordination between health care provide.</li> <li>e. Documenting all requests for disenrollment.</li> </ul>	re of the program, inc r reduction of benefits ces already covered un ticipating in this program	s; emphasizing the fact this ander Wisconsin Medicaid.				
5.	5. The state will make direct mailings to individuals and families in the period of enrollment, the benefits of the program, and that the six months.						
6.	6. The state will send written notification to the individual or familiaridized individual or family will explain that the individual's regular be include the number for the Enrollment Specialist, should the individual.	nefit package will rer	nain unchanged. The state will				
	☐ b) Individuals eligible under the early option group authoriz and 1902 (k)(2)	ed under sections 19	902(a)(10)(A)(i)(VIII)				
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un	der 19	lividuals in the early option group who are exempt from mandatory enrollment in Benchmark coverage 37(a)(2)(B) <u>CANNOT</u> be mandated into a Benchmark plan. However, State/Territories may offer exempt als the opportunity to voluntarily enroll in the Benchmark plan.
	(i)	The State/Territory has chosen to offer the populations/individuals in the early option group who are exempt from mandatory enrollment in the benchmark benefit plan the option to voluntarily enroll in the benchmark benefit plan. Please specify whether the benchmark will cover these individuals Statewide/Territory-wide or otherwise.
	(ii)	When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:
	O	Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
	O	Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
	0	Document in the exempt individual's eligibility file that:  The individual was informed in accordance with this section prior to enrollment,  The individual was given ample time to arrive at an informed choice,  The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
	0	For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.
	0	The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
	0	The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.
	0	<ul> <li>For populations/individuals (checked above in 1a. &amp; 1b.) who voluntarily enroll, describe below the manner in which the State/Territory will inform each individual that:</li> <li>Enrollment is voluntary;</li> <li>Each individual may choose at any time not to participate in an alternative benefit package and;</li> <li>Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.</li> </ul>
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2. Description	of the Benefits		
X The State	e/Territory will provide the followi	ng alternative benefit package (check	the one that applies).
a) X	Benchmark Benefits		
	Cross/Blue Shield preferred pro	surance Coverage – The standard Blovider option services benefit plan, de (1) of Title 5, United States Code.	
		verage – A health benefits coverage p Territory employees within the State	
		rld Wide Web URL (Uniform Resourd it Package or insert a copy of the entire	
	(HMO) – The health insurance (as defined in section 2791(b)(3	Commercial Health Maintenance Coplan that is offered by an HMO of the Public Health Service Act), a non-Medicaid enrollment of such plant	nd that has
	☐The State/Territory assur	res that it complies with all Managed	Care regulations at 43 CFR §438
	Please provide below either a Wor or insert a copy of the entire HMC	eld Wide Web URL link to the HMO's benefit package.	s benefit package
	Secretary determines provides a Provide below a full description limitations. Also include a benefit	ge – Any other health benefits covera appropriate coverage for the population of the benefits in the plan, including efit by benefit comparison to services es in any of the three Benchmark plan	n served. any applicable in the
Benefits), focus component is he behavioral heal outcome measu achievement of	ed on the specific needs of individent care coordination, including: the needs; (b) service coordination; res. The intention is to link participal desired health outcomes and increase.	Plus Standard Plan and the additional uals with serious mental illnesses and (a) medical care plan development that (c) tracking of service delivery; and (c) ants to services and resources in a coased effectiveness of health and related evidence-based. Service provision w	substance use disorders. A key at addresses physical, dental and d) service evaluation including ordinated effort to ensure the d healthcare services. The medical
1. Benefits wi	ll be provided under a medical hon	ne framework that includes the follow	ing:
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<ul> <li>a. Assignment of a primary care physician that medindividuals with serious mental health and substab. Coordination of health care through a multidisciplidentify and meet the medical needs of individual team identifies the health needs of each individual assigned a care coordinator;</li> <li>c. Follow up by the Care Coordinator on referrals a visits), institutional care, chronic care and other d. Services provided through open and flexible school. Comprehensive transitional care as the individual f. Electronic care plan and communication between Coordinator.</li> </ul>	ance use disorders.; plinary team, including the primals with serious mental health and al, creates a care plan, and ensurand on linkages between acute caspecialty care; eduling; al moves from one setting to another.	ary care physician, that works to d substance use disorders. The res that each individual is are (including emergency room ther;
2. This medical home framework, with its emphasis on substance use disorders and on comprehensive care continuity of care. The care coordinators will collaborate experienced in meeting the needs of this population service area to assure seemless coordination and referenced, with respect to mental health and substance abenhanced, flexible services.	coordination, will assure a person orate with the individual and/or f ion. The medical home must wor erral services. A more streamline	n-centered, recovery focus and family to identify providers who k with counties and tribes in thei d prior authorization process will
3. Providers will be required to ensure services under E	PSDT based on best practices ar	nd each child's needs, including:
<ul> <li>a. Timely and trauma-informed screening, assessme screening;</li> <li>b. Evidence informed and comprehensive intervent</li> <li>c. Mobile response and stabilization services;</li> <li>d. Oversight of psychotropic medication, including</li> <li>e. Enhanced schedule for physical, behavioral and</li> </ul>	ions in children's mental and be	
Note: For a summary of benefits under this Medical Hon Attachment 1.	ne Initiative and the Badger Care	e Plus Standard plan, see
b) Benchmark-Equivalent Benefits.  Please specify below which benchmark p  (i) Inclusion of Required Services – T  includes coverage of the following  Inpatient and outpatient hospital	he State/Territory assures the alt ng categories of services: (Check	ternative benefit plan
Physicians' surgical and medical		
Laboratory and x-ray services;	1 501 VICCS,	
Coverage of prescription drugs		

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	coverage package is at least 75 % of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State/Territory:
	<ul> <li>Vision services, and/or</li> <li>Hearing services</li> </ul>
	Please insert below a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.
c) <b>x</b> □	Additional Benefits If checked please insert a full description of the additional benefits including any limitations.
fragmented, with	health care in the Medicaid fee-for-service delivery system. Medical and behavioral care is often had no overall care coordination. In addition, many individuals with serious mental illnesses and substance
medical history. with serious mer services and sup illnesses and sub	ve involved medical and behavioral health needs and often lack an accessible, adequately documented This plan provides care coordination and enhanced services for individuals in fee-for-service Medicaid ntal illnesses and substance use disorders with significant risk factors living in pilot areas of the state. The ports will follow the best evidence-based approaches and protocols for people with serious mental estance use disorders as appropriate. The plan includes all benefits, including EPSDT, under the standard Plan and adds the following services in an effort to address the unique and critical needs of

3. Service Delivery System

Check all that apply.

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o p	alternative benefit plan will be provided from the section 1902(a) and implementing reprovider. (Attachment 4.19-B must be dethodology.)	gulations relating to payment a	nd beneficiary free choice of
c w	the alternative benefit plan will be pro- ited above, except that it will be opera- rith section 1905(a)(25) and 1905(t). (ervice reimbursement methodology.)	ted with a primary care case ma	nagement system consistent
	he alternative benefit plan will be propplicable managed care requirements	<del>-</del>	<del>-</del>
	The alternative benefit plan will be p sistent with 42 CFR §438.	rovided through PIHPs (Pre-pai	d Inpatient Health Plan)
□ <b>T</b>	he alternative benefit plan will be pro-	vided through PAHPs (Pre-paid	Ambulatory Health Plan).
P	he alternative benefit plan will be pro- lease describe how this will be accom- ce-for-service reimbursement methodo	plished. (Attachment 4.19-B mu	
4. Employer Spons  ☐ The altern health pla	native benefit plan is provided in full o	r in part through premiums paid	l for an employer sponsored
5. Assurances			
X The State	Territory assures EPSDT services wil nder the State/Territory Plan under se	_	ler 21 years old who are
□Т	hrough Benchmark only		
X A	s an Additional benefit under section	1937 of the Act	
	Territory assures that individuals will Qualified Health Center (FQHC) serve).		
	Territory assures that payment for RFs of section 1902(bb) of the Act.	IC and FQHC services is made	in accordance with the
	/Territory assures transportation (eme e benefit plan. Please describe how an ries.		
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- Intermediate care facility services, other than services at an institution for mental disease
- Laboratory and X-ray services
- Medical supplies and equipment
- Mental health and medical day treatment
- Mental health and psychosocial rehabilitative services, including case management services, provided by staff of a certified community support program
- Nurse midwife services
- Nursing services, including services performed by a nurse practitioner
- Optometric/optical services, including eye glasses
- Outpatient hospital services
- Personal care services
- Physical and occupational therapy
- Physician services
- Podiatry services
- Prenatal care coordination for women with high-risk pregnancies
- Prescription drugs and over-the-counter drugs
- Respiratory care services for ventilator-dependent individuals
- Rural health clinic services
- Skilled nursing home services other than in an institution for mental disease
- Smoking cessation treatment
- Speech, hearing, and language disorder services
- Substance abuse (alcohol and other drug abuse) services
- Transportation to obtain medical care
- Tuberculosis (TB) services

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DRAFT CJ Preprint v. 1.3 UPDATED 10/20/11					
Attach	ment 3 – Services:	General Provisions			
3.1-C. Benchmark Benefit Package and F 1937 of the Act and 42 CFR Part 4		ent Benefit Package (pr	ovided in accordance with		
The State/Territory provides benchm	ark benefits:				
X Provided					
☐ Not Provided					
States/Territories can have more than one optional group. If the State/Territory has pre-print would need to appear for each a checked then the remainder of the pre-pri was checked then the following pre-print filled out by the State/Territory and would	more than one alto dditional Benchma nt that would appe that would appear	rnative benefit plan, as rk Plan title. (Ex: if the ar would be specific only would be a completely n	in the example below, then a e box signifying "Plan A" wa y to "Plan A". If "Plan B"		
☐ Title of Alternative Benefit Plan	A BadgerCare Plus	Benchmark			
X Title of Alternative Benefit Plan Illness Leaving Criminal Justice and			ere Mental		
☐ Add Titles of additional Alternat	ive Benefit Plans as	needed			
Populations and geographic area cove	red				
X a) Individuals eligible under groups of 1902(a)(10(A)(i)(VIII) and 1902(k)(	ther than the early	option group authorized	l under section		
The State/Territory will provide the ben	efit package to the fo	ollowing populations:			
X (i) Populations who are full benefit eligi February 8, 2006, who will be re medical assistance.	•	~ ,			
Note: Populations listed below may not be individuals under 1937(a)(2)(B) are:	required to enroll	in a benchmark plan.  T	he Benchmark-exempt		
• A pregnant woman who is requi 1902(a)(10)(A)(i) of the Act.	red to be covered un	der the State/Territory pla	an under section		
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- An individual who qualifies for medical assistance under the State/Territory plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- An individual entitled to benefits under any part of Medicare.
- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.
- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally
  retarded, or other medical institution, and is required, as a condition of receiving services in that institution
  under the State/Territory plan, to spend for costs of medical care all but a minimal amount of the individual's
  income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the State/Territory's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR §438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.

An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.

- A parent or caretaker relative whom the State/Territory is required to cover under section 1931 of the Act.
- A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act.
- An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.
- An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.
- An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

• Each eligibility group the State/Territory will require to enroll in the alternative benefit plan;

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- Each eligibility group the State/Territory will allow to voluntarily enroll in the alternative benefit plan;
- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

Required	Opt-In	Full-Benefit Eligibility Group and	Targeting	Geographic
Enrollment	Enrollment	Federal Citation  Mandatory categorically needy low- income families and children eligible under section 1925 for Transitional Medical Assistance	Criteria  MA eligible persons with mental illness and chronic health conditions placed in communities under supervision after leaving prisons and Mental Health	Area Pilot areas to be determined.
		Mandatory categorically needy poverty level infants eligible under 1902(a)(10)(A)(i)(IV)	Institutes	
		Mandatory categorically needy poverty level children aged 1 up to age 6 eligible under 1902(a)(10)(A)(i)(VI)  Mandatory categorically needy poverty level children aged 6 up to age 19 eligible		
	X	under 1902(a)(10)(A)(i)(VII)  Other mandatory categorically needy groups eligible under 1902(a)(10)(A)(i) as listed below and include the citation from the Social Security Act for each eligibility group:  SSI Recipients 1902(a)(10)(A)(i)(I)	MA eligible persons with mental illness and chronic health conditions placed in communities under supervision after leaving prisons and Mental Health	Pilot areas to be determined.

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		Institute-	
		Institutes	D:1
X	Optional categorically needy poverty level pregnant women eligible under 1902(a)(10)(A)(ii)(IX)	MA eligible persons with mental illness and chronic health conditions placed in communities under	Pilot areas to be determined.
		supervision after leaving prisons and Mental Health Institutes	
	Optional categorically needy poverty level infants eligible under 1902(a)(10)(A)(ii)(IX)		
X	Optional categorically needy AFDC-related families and children eligible under 1902(a)(10)(A)(ii)(I)	MA eligible persons with mental illness and chronic health conditions placed in communities under supervision after leaving prisons and Mental Health Institutes	Pilot areas to be determined.
	Medicaid expansion/optional targeted low- income children eligible under 1902(a)(10)(A)(ii)(XIV)	·	
X	Other optional categorically needy groups eligible under 1902(a)(10)(A)(ii) as listed below and include the citation from the Social Security Act for each eligibility group:  • SSI-related	MA eligible persons with mental illness and chronic health conditions	Pilot areas to be determined.
	• SSI-related	placed in	

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- X (ii) The following populations will be given the option to voluntarily enroll in an alternative benefit plan. Please indicate in the chart below:
  - Each population the State/Territory will allow to voluntarily enroll in the alternative benefit plan,

Health Institutes

- Specify any additional targeted criteria for each included population (e.g., income standard).
- Specify the geographic area in which each population will be covered.

Opt-In	Included Eligibility Group and Federal	Targeting	Geographic
Enrollment	Citation	Criteria	Area
X	Mandatory categorically needy low-income parents eligible under 1931 of the Act	MA eligible persons with	Pilot areas to be determined.
	parones original and 1931 of the rice	mental illness	dottimited:
		and chronic	
		health conditions	
		placed in	
		communities	
		under	
		supervision after	
		leaving prisons	
		and Mental	
		Health Institutes	
	Mandatory categorically needy pregnant women		
	eligible under 1902(a)(10)(A)(i)(IV) or another		
	section under 1902(a)(10)(A)(i):		
X	Individuals qualifying for Medicaid on the basis	MA eligible	Pilot areas to be
	of blindness	persons with	determined.
		mental illness	
		and chronic	
		health conditions	
		placed in	
		communities	
		under	
		supervision after	
		leaving prisons	
		and Mental	
	7 77 77 77 77 77 77 77 77 77 77 77 77 7	Health Institutes	****
X	Individuals qualifying for Medicaid on the basis	MA eligible	Pilot areas to be
	of disability	persons with	determined.

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		mental illness	
		and chronic	
		health conditions	
		placed in	
		communities	]
		under	
		supervision after	
		leaving prisons	
		and Mental	
	·	Health Institutes	
X	Individuals who are terminally ill and receiving	MA eligible	Pilot areas to be
	Medicaid hospice benefits under	persons with	determined.
	1902(a)(10)(A)(ii)(vii)	mental illness	determined.
	1902(a)(10)(A)(11)(VII)	and chronic	
·		health conditions	
		placed in	
		communities	
		under	
		supervision after	
		leaving prisons	
		and Mental	
		Health Institutes	
	Institutionalized individuals assessed a patient		
	contribution towards the cost of care	25. 4. 44.	
X	Individuals dually eligible for Medicare and	MA eligible	Pilot areas to be
PA-4-1	Medicaid (42 CFR §440.315)	persons with	determined.
	· ·	mental illness	
		and chronic	
		health conditions	
		placed in	
		communities	
		under	
		supervision after	
		leaving prisons	
		and Mental	
		Health Institutes	
	Disabled children eligible under the TEFRA		
	option - section 1902(e)(3)		
X	Medically frail and individuals with special	MA eligible	Pilot areas to be
	medical needs	persons with	determined.
		mental illness	
		and chronic	
		health conditions	
		placed in	
		communities	
		under	
		supervision after	
L	1	;F	

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		leaving prisons	
		and Mental	
		Health Institutes	
	Children receiving foster care or adoption assistance under title IV-E of the Act		
X	Women needing treatment for breast or cervical cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)	MA eligible persons with mental illness and chronic health conditions placed in communities under supervision after leaving prisons and Mental Health Institutes	Pilot areas to be determined.
X	Individuals eligible as medically needy under section 1902(a)(10)(C)(i)(III)	MA eligible persons with mental illness and chronic health conditions placed in communities under supervision after leaving prisons and Mental Health Institutes	Pilot areas to be determined.
	Individuals who qualify based on medical condition for long term care services under 1917(c)(1)(C)		

## Limited Services Individuals

Opt-In	Included Eligibility Group and Federal	Targeting	Geographic
Enrollment	Citation	Criteria	Area
	TB-infected individuals who are eligible under		
	1902(a)(10)(A)(ii)(XII)		
	Illegal or otherwise ineligible aliens who are		
	only covered for emergency medical services		
	under section 1903(v)		

X (	iii)	When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt popul	lations,
		prior to enrollment the State/Territory assures it will:	

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- Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
- o Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
- o Document in the exempt individual's eligibility file that:
  - The individual was informed in accordance with this section prior to enrollment,
  - The individual was given ample time to arrive at an informed choice,
  - The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
- o For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.
- o The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
- o The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.

For populations/individuals (checked above in 1a. & 1b.) who voluntarily enroll, describe in the below the mann in which the State/Territory will inform each individual that:

- o Enrollment is voluntary;
- o Each individual may choose at any time not to participate in an alternative benefit package and;
- o Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.

This medical home targets individuals eligible for Medicaid who are exiting the criminal justice system and mental health institutes.

Many of these individuals may have chronic conditions like asthma, diabetes or heart conditions that which need care coordination services to improve health outcomes. Individuals with serious mental illnesses and substance use disorders often find it difficult to manage the primary health care system due to the symptoms of their illness and receive care only at the point of a health care crisis which results in poor health care outcomes and increased cost to the health care system.

This medical home alternative benchmark plan targets three sets of individuals:

- 1) those eligible for Wisconsin Medicaid who have major mental illness and are placed in the community under supervision after leaving prisons and Mental Health Institutes
- 2) those eligible for Wisconsin Medicaid who have multiple chronic health conditions who are exiting the prison system

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- 3) Medicaid Eligible individuals who are participants in either of the two following programs and placed within communities in the SE Region of the State:
  - a. The Department of Health Services' Conditional Release Program. The Conditional Release Program funds mental health services for indigent persons who are committed as Not Guilty By Reason of Mental Disease or Defect (NGI) and are subsequently conditionally released by the court to the community. Examples of the types of services that the Department is authorized by statute to fund include: mental health medications, counseling, community support program services, residential placement costs including community based residential facilities and alcohol and other drug abuse (AODA) outpatient treatment.
  - b. The Department of Corrections' Opening Avenues to Re-entry Success (OARS) Program. This program, which works through a partnership with the Department of Health Services, targets inmates with severe and persistent mental illness who are at a medium to high risk of having their parole revoked. These are inmates who have reached their Mandatory Release date from prison and must be released to the community on parole.

Persons participating in the Conditional Release and OARS Programs may be eligible for Wisconsin Medicaid as a result of membership in a variety of eligibility groups. What the individuals have in common is involvement in the criminal justice system and severe mental illness. To maximize the coordination of critical medical and behavioral health needs with the other essential supports available to this population under the Conditional Release and OARS Programs, all eligible participants will initially be enrolled in the alternative benchmark program.

This program includes the full benefit package under the Medicaid/Standard Package but adds benefits critical for this vulnerable population — care coordination, medical assessments, and medication therapy management. The program will operate on an all in/opt out model. The member will have the option of disenrolling from the medial home after six months of continuous enrollment.

This plan includes the full benefit package under the Medicaid/Standard Package and adds health care coordination and other additional services. The program will operate on an all in/opt out model. Participants will have the option of disenrolling after six months.

Wisconsin will use different avenues to inform each individual about their rights under this program. Below are some of the ways in which the state plans to inform individuals, Tribal governments, advocates, and the community about the program:

- 1. The state will meet with Tribal representatives to discuss the program as it affects persons who are identified as American Indian and Alaskan Native and will obtain and follow their recommendations.
- 2. The state will develop informing materials that:
  - a. Identify the geographic area and the population to be enrolled in the program.
  - b. Explain the nature of the voluntary enrollment, including the period of enrollment, exemption criteria, and the optout process.
  - c. Clearly inform individuals and families that participation in the program will not reduce their regular benefit package under Medicaid.
  - d. Explain the benefits of the enhanced services, including having a person-centered and recovery based multidisciplinary treatment plan that addresses access and coordination across the full spectrum of the individual's needs – from preventive services and health screenings, to specialty medical care, inpatient care, and community treatment services.

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	e. I	Provides a toll-free contact number for que	stions and information.	
3.	indiv	state will expand the duties of the staff of C viduals are released to include outreach and the following:		
	b. In c. I. b d. E. c.	Informing eligible individuals, in writing abbenefits of the program, and that they will had benefits of the program, and that they will had benefit is offered in addition to the full come Educating eligible individuals and families communication and coordination between a Documenting all requests for disenrollment	have the option of disenrolling after the discontinue their participation. There is no cost or reduction of benefits; aplement of services already covered unabout the benefits of participating in the lalth care providers.	first six months.  emphasizing the fact this der Wisconsin Medicaid.
4.	In the case of a request for disenrollment, the state will send written notification to the participant and inform the health care coordinator and case manager. The notification will explain that disenrollment from the alternative benchmark plan will not end the individual's eligible for Wisconsin Medicaid. The state will include the number for the staffs described above who are responsible for communicating information on enrollment and disenrollment, should there be follow-up questions.			
		ndividuals eligible under the early option nd 1902 (k)(2)	group authorized under sections 190	2(a)(10)(A)(i)(VIII)
un	der 19	ndividuals in the early option group who 937(a)(2)(B) <u>CANNOT</u> be mandated into a standard of the opportunity to voluntarily enroll	a Benchmark plan. However, State	
	(i)	The State/Territory has chosen to offer a from mandatory enrollment in the bench benefit plan. Please specify whether the otherwise.	hmark benefit plan the option to volunt	arily enroll in the benchmark
	(ii)	When offering voluntary enrollment in a prior to enrollment the State/Territory as		efit plan to exempt populations,
	C	<ul> <li>Effectively inform the individual that e regain immediate access to full standard disenrolling.</li> </ul>		
	C	o Inform the individual of the benefits av costs of the package and has provided a State/Territory plan benefits.		
	c		ligibility file that: accordance with this section prior to e e time to arrive at an informed choice,	nrollment,
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	■ The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
ber and	r individuals the State/Territory determines have become exempt from enrollment in a achmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt if the State/Territory must comply with all requirements related to voluntary enrollment. Please describe ow the process the State/Territory will use to comply with this requirement.
ber	e State/Territory will promptly process all requests made by exempt individuals for disenrollment from the achmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access all standard State/Territory plan services while the disenrollment request is being processed.
	e State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled a benchmark/benchmark-equivalent plan and the total number who have disenrolled.
	<ul> <li>populations/individuals (checked above in 1a. &amp; 1b.) who voluntarily enroll, describe below the manner which the State/Territory will inform each individual that:</li> <li>Enrollment is voluntary;</li> <li>Each individual may choose at any time not to participate in an alternative benefit package and;</li> <li>Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.</li> </ul>
2. Description	n of the Benefits
X The State	e/Territory will provide the following alternative benefit package (check the one that applies).
a) X	Benchmark Benefits
	□ <b>FEHBP-equivalent Health Insurance Coverage</b> – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(1) of Title 5, United States Code.
	□ State/Territory Employee Coverage — A health benefits coverage plan that is offered and generally available to State/Territory employees within the State/Territory involved.
	Please provide below either a World Wide Web URL (Uniform Resource Locator) link to the State/Territory's Employee Benefit Package or insert a copy of the entire State/Territory Employee Benefit Package.
	□ Coverage Offered Through a Commercial Health Maintenance Organization (HMO) – The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State/Territory involved.
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☐The State/Territory assures that it	complies with all Managed Ca	are regulations at 43 CFR §438
Please provide below either a World Wide or insert a copy of the entire HMO's benefit		penefit package
X□ Secretary-approved Coverage – Any Secretary determines provides appropriate Provide below a full description of the belimitations. Also include a benefit by be State/Territory plan or to services in any	te coverage for the population a enefits in the plan, including ar nefit comparison to services in	served. ny applicable 1 the
The plan covers all benefits under the BadgerCare Plus Star Benefits), focused on the specific needs of individuals with health conditions. A key component is health care coordinate addresses physical and behavioral health needs; (b) service evaluation including outcome measures. The intention is to health needs to services and resources in a coordinated efforthe effectiveness of health and related healthcare services. The and evidence-based. Service provision will include open and	severe and persistent mental il tion, including: (a) medical car coordination; (c) tracking of se link participants with identifier t to ensure the achievement of the medical care will be person	Iness and those with chronic re plan development that ervice delivery; and (d) service d health physical and mental desired health outcomes and
1. Benefits will be provided under a medical home framew	work that includes the following	g:
<ul> <li>a. Assignment of a primary care physician that meets individuals with severe and persistent mental illness.</li> <li>b. Coordination of health care through a multidisciplir identify and meet the medical needs of individuals a needs of each individual, creates a care plan, and enc.</li> <li>c. Follow up by the Care Coordinator on referrals and visits), chronic care and other specialty care, included and OARS Programs;</li> <li>d. Services provided through open and flexible schedule. Electronic care plan and communication between, a Coordinator.</li> </ul>	s; nary team, including the primar with serious mental illness. The sures that each individual is as on linkages between acute car ing relevant services provided aling;	ry care physician, that works to e team identifies the health ssigned a care coordinator; re (including emergency room through the Conditional Release
2. This medical home framework, with its emphasis on the illness and on comprehensive care coordination, will ass. The Care Coordinator will collaborate with the case may providers who are experienced in meeting the needs of a process will apply with respect to mental health and suballowing enhanced, flexible services.	sure a person-centered, recover nager in the Conditional Relea this population. A more stream	ry focus and continuity of care. see or OARS program to identify alined prior authorization
3. Providers will be required to ensure medical and behavi	oral health services based on b	est practices, including:
<ul><li>a. timely and comprehensive behavioral screening (SE screening) and assessment;</li><li>b. evidence informed and comprehensive interventions</li></ul>		_
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d. oversight of p	nse and stabilization services; sychotropic medication, including pha edule for physical and behavioral healt		
Note: For a summary Attachment 1.	of benefits under this Medical Home I	nitiative and the Badger Care	Plus Standard plan, see
Pleas	mark-Equivalent Benefits.  e specify below which benchmark plant inclusion of Required Services — The Services includes coverage of the following of the follow	State/Territory assures the alte	ernative benefit plan
	Inpatient and outpatient hospital ser	vices;	
	Physicians' surgical and medical ser	vices;	
	Laboratory and x-ray services;		
	Coverage of prescription drugs		
	Mental health services		
	Well-baby and well-child care servi age- appropriate immunizations Practices;	<del>_</del>	• •
	Emergency services		
	Family planning services and suppli	es	
	Additional services     additional services being provided.		
Pleas limitations.	e insert below a full description of the	benefits in the plan including	g any additional services and
(ii	ii) The State/Territory assures that the actuarial value equivalent to the	- <del>-</del>	22 2
•	Has been prepared by an individual	who is a member of the Ame	rican Academy of Actuaries;
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	<ul> <li>Using generally accepted actuarial principles and methodologies;</li> </ul>
	<ul> <li>Using a standardized set of utilization and price factors;</li> </ul>
	<ul> <li>Using a standardized population that is representative of the population being served;</li> </ul>
	<ul> <li>Applying the same principles and factors in comparing the value of different coverage (or categories of services) without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used; and</li> </ul>
	Takes into account the ability of a State/Territory to reduce benefits by taking into account the increase in actuarial value of benefits coverage without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used and taking into account the ability of the State/Territory to reduce benefits by considering the increase in actuarial value of health benefits coverage offered under the State/Territory plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.
	<ul> <li>(iv) The State/Territory assures that if the benchmark plan used by the State/Territory for purposes of comparison in establishing the aggregate value of the benchmark-equivalent package includes any of the following two categories of services, the actuarial value of the coverage for each of these categories of services in the benchmark-equivalent coverage package is at least 75 % of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State/Territory:</li> <li>Vision services, and/or</li> </ul>
	Hearing services
	Please insert below a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.
c) x	Additional Benefits If checked please insert a full description of the additional benefits including any limitations.
area. The services mental illnesses a	es care coordination and enhanced services for individuals with serious mental illnesses living in the pilot s and supports will follow the best evidence-based approaches and protocols for people with serious and chronic health conditions as appropriate. The plan covers all benefits under the BadgerCare Plus d adds the following services in an effort to address the unique and critical needs of these individuals:
<ul> <li>Compreh</li> </ul>	al home framework specific to individuals with serious mental illnesses and criminal justice history; sensive medical assessment and treatment, including for behavioral health, based on best practices and sof each individual;

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<ul> <li>Individualized wellness plan and support to promote cessation, appropriate nutrition and exercise, support and drug use.</li> <li>Enhanced patient education to include:         <ul> <li>Self-management</li> <li>Health education services</li> <li>Nutritional counseling from dieticians</li> </ul> </li> <li>Comprehensive care coordination services bringing to individual;</li> <li>Peer and recovery support services;</li> <li>Substance Abuse Residential Treatment services;</li> <li>Short Term Residential Support services;</li> <li>Access to Urgent Care psychiatric and mental health day/7 days a week);</li> <li>Medication utilization management</li> <li>Medication assisted treatment for substance use diso</li> <li>Any additional care coordination services needed to</li> </ul>	t for behavioral interventions together the health and behave treatment services in the contracts	s for depression, risky drinking vioral health needs of the mmunity (access 24 hours a
3. Service Delivery System	-	
Check all that apply.		
The alternative benefit plan will be provided of section 1902(a) and implementing regu provider. (Attachment 4.19-B must be comethodology.)	lations relating to payment a	nd beneficiary free choice of
☐ The alternative benefit plan will be provided above, except that it will be operated with section 1905(a)(25) and 1905(t). (Attack) service reimbursement methodology.)	l with a primary care case ma	anagement system consistent
☐ The alternative benefit plan will be provid applicable managed care requirements (42)		
$X \square$ The alternative benefit plan will be proconsistent with 42 CFR §438.	vided through PIHPs (Pre-pa	id Inpatient Health Plan)
☐ The alternative benefit plan will be provide	led through PAHPs (Pre-paid	l Ambulatory Health Plan).
☐ The alternative benefit plan will be provide Please describe how this will be accomplished fee-for-service reimbursement methodology.	shed. (Attachment 4.19-B m	
4. Employer Sponsored Insurance		
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☐ The alternative benefit plan is provided in full of health plan.	or in part through premiums pai	d for an employer sponsored
5. Assurances		
X The State/Territory assures EPSDT services wi covered under the State/Territory Plan under se	•	der 21 years old who are
☐ Through Benchmark only		
X As an Additional benefit under section	1937 of the Act	
X The State/Territory assures that individuals will Federally Qualified Health Center (FQHC) ser 1905(a)(2).		
X The State/Territory assures that payment for RI requirements of section 1902(bb) of the Act.	IC and FQHC services is made	in accordance with the
X The State/Territory assures transportation (eme alternative benefit plan. Please describe how ar beneficiaries.		
Transportation is assured as under the Bac	lgerCare Plus Standard Plan.	
X The State/Territory assures that family planning child-bearing age.	g services and supplies are cove	red for individuals of
6. Economy and Efficiency of Plans		
X The State/Territory assures that alternative bene payment limits procurement requirements and of applicable to the services or delivery system the	ther economy and efficiency pr	rinciples that would otherwise be
7. Compliance with the Law		
X The State/Territory will continue to comply wit Act in the administration of the State/Territory		cial Security
8. Implementation Date		
X The State/Territory will implement this State/Te	erritory Plan amendment on <u>Jan</u>	wary 1, 2012 (date).
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State	/Territory:		Attachment 3.1 C	Page 1 of 19
DRA	FT CC Preprint v.9	.1.doc	vices: General Provisions	
		Attachment 3 – Sei	vices: General Provisions	
3.1-C		fit Package and Benchmark E ad 42 CFR Part 440).	quivalent Benefit Package (pro	ovided in accordance with
T	he State/Territory [	provides benchmark benefits:		
	X Provided			
	□ Not Provided		÷	
option pre-p check was c	nal group. If the Starint would need to a rint would need to a led then the remain hecked then the foll	ate/Territory has more than o appear for each additional Be der of the pre-print that woul	benchmark benefit plan for dif one alternative benefit plan, as i nchmark Plan title. (Ex: if the d appear would be specific only ppear would be a completely no o "Plan B" only.)	in the example below, then a box signifying "Plan A" was to "Plan A". If "Plan B"
	☐ Title of Alterna	ative Benefit Plan A BadgerCar	re Plus Benchmark	
	X Title of Alterna	tive Benefit Plan D: Medical H	ome Pilot for Persons with Chron	nic Conditions
	☐ Add Titles of a	additional Alternative Benefit P	lans as needed	
1. Po	opulations and geog	raphic area covered		
X a)		e under groups other than the III) and 1902(k)(2)	early option group authorized	under section
T	he State/Territory wi	ll provide the benefit package t	o the following populations:	
X (i)	-	06, who will be required to enro	als in a category established on coll in an alternative benefit plan t	
	Populations listed l duals under 1937(a		enroll in a benchmark plan. T	he Benchmark-exempt
		oman who is required to be cover.)(i) of the Act.	ered under the State/Territory pla	n under section
			4	
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- An individual who qualifies for medical assistance under the State/Territory plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- An individual entitled to benefits under any part of Medicare.
- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.
- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in that institution under the State/Territory plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the State/Territory's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR §438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.

An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.

- A parent or caretaker relative whom the State/Territory is required to cover under section 1931 of the Act.
- A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act.
- An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.
- An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.
- An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

- Each eligibility group the State/Territory will require to enroll in the alternative benefit plan;
- Each eligibility group the State/Territory will allow to voluntarily enroll in the alternative benefit plan;

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- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

Required	Opt-In	Full-Benefit Eligibility Group and	Targeting	Geographic
Enrollment	Enrollment	Federal Citation	Criteria	Area
	· <b>X</b>	Mandatory categorically needy low-	Adult FFS	Pilot area to
		income families and children eligible	BadgerCare	be
		under section 1925 for Transitional	Plus and SSI	determined
	·	Medical Assistance	population	
			with two or	
			more chronic	
			conditions	
			such as	
			asthma,	
			diabetes, heart	
			conditions but	
			excluding	
	Ì		mental health	
			comorbidities;	
			and 2 or more	
		,	ER visits or 1	
			hospitalization	
de-		AND THE STATE OF T	in past 2 years	
	·	Mandatory categorically needy poverty		
		level infants eligible under		
		1902(a)(10)(A)(i)(IV)		
		Mandatory categorically needy poverty		
		level children aged 1 up to age 6 eligible	,	
		under 1902(a)(10)(A)(i)(VI)		
		Mandatory categorically needy poverty		
		level children aged 6 up to age 19 eligible		
		under 1902(a)(10)(A)(i)(VII)		
	X	Other mandatory categorically needy	Adult FFS	Pilot area to
		groups eligible under 1902(a)(10)(A)(i)	BadgerCare	be
		as listed below and include the citation	Plus and SSI	determined
		from the Social Security Act for each	population	
		eligibility group:	with two or	
		SSI recipients	more chronic	
•		• 1902(a)(10)(A)(i)(I)	conditions	
		1702(a)(10)(A)(1)(1)	such as	
		_	asthma,	
		•	diabetes, heart	
			conditions but	
			excluding	
			mental health	
			comorbidities;	
	1		and 2 or more	

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<u> </u>	T .		ED miniter on 1	
			ER visits or 1	
			hospitalization	
			in past 2 years	
	X	Optional categorically needy poverty	Adult FFS	Pilot area to
		level pregnant women eligible under	BadgerCare	be
		1902(a)(10)(A)(ii)(IX)	Plus and SSI	determined
	•		population	
			with two or	
			more chronic	
			conditions	
			such as	
			asthma,	
			diabetes, heart	
			conditions but	
		·	excluding	
			mental health	
			comorbidities;	
			and 2 or more	
			ER visits or 1	
			hospitalization	
			in past 2 years	
		Optional categorically needy poverty		
·		level infants eligible under		
		1902(a)(10)(A)(ii)(IX)		
	X	Optional categorically needy AFDC-	Adult FFS	Pilot area to
	•	related families and children eligible	BadgerCare	be
		under 1902(a)(10)(A)(ii)(I)	Plus and SSI	determined
			population	000000000000000000000000000000000000000
			with two or	
			more chronic	
			conditions	
			such as	
		•	asthma,	*
			diabetes, heart	
			conditions but	
			excluding	
			mental health	
			comorbidities;	
			and 2 or more	
			ER visits or 1	
			hospitalization	
			-	
	**************************************	Madigaid averagion/artisms1 towarts 3	in past 2 years	
		Medicaid expansion/optional targeted		
		low- income children eligible under		
	37	1902(a)(10)(A)(ii)(XIV)	A 1 1/ DEG	D'1
	X	Other optional categorically needy groups	Adult FFS	Pilot area to
		eligible under 1902(a)(10)(A)(ii) as listed	BadgerCare	be

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	below and include the citation from the	Plus and SSI	determined
	Social Security Act for each eligibility	population	
	group:	with two or	
		more chronic	
	<ul> <li>SSI-related</li> </ul>	conditions	
and the second s	•	such as	
	•	asthma,	
	•	diabetes, heart	
		conditions but	
		excluding	
		mental health	
		comorbidities;	
		and 2 or more	
		ER visits or 1	
		hospitalization	
		in past 2 years	

- (ii) The following populations will be given the option to voluntarily enroll in an alternative benefit plan. Please indicate in the chart below:
  - Each population the State/Territory will allow to voluntarily enroll in the alternative benefit plan,
  - Specify any additional targeted criteria for each included population (e.g., income standard).
  - Specify the geographic area in which each population will be covered.

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
x	Mandatory categorically needy low-income	Adult FFS	Pilot area to be
	parents eligible under 1931 of the Act	BadgerCare Plus and SSI	determined
		population with	
		two or more	
		chronic	
		conditions such	
		as asthma,	
		diabetes, heart	
		conditions but	
		excluding mental	
		health	
		comorbidities;	
		and 2 or more	
		ER visits or 1	
		hospitalization in	
		past 2 years	
X	Mandatory categorically needy pregnant women	Adult FFS	Pilot area to be
	eligible under 1902(a)(10)(A)(i)(IV) or another	BadgerCare Plus	determined
	section under 1902(a)(10)(A)(i):	and SSI	
		population with	

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		two or more	
		chronic	
		conditions such	
		as asthma,	<u> </u>
		diabetes, heart	
		conditions but	
		excluding mental	
		health	
		comorbidities;	
		and 2 or more	
		ER visits or 1	
	·	hospitalization in	
		past 2 years	
-	Individuals qualifying for Medicaid on the basis	Adult FFS	Pilot area to be
X	of blindness	BadgerCare Plus	determined
	of bindness	and SSI	determined
	***		
TAXA Administration		population with	
		two or more	
		chronic	
		conditions such	
		as asthma,	
		diabetes, heart	
		conditions but	
		excluding mental	
		health	
		comorbidities;	
		and 2 or more	
		ER visits or 1	
7000-14-14-14-14-14-14-14-14-14-14-14-14-14-		hospitalization in	
		past 2 years	
x	Individuals qualifying for Medicaid on the basis	Adult FFS	Pilot area to be
	of disability	BadgerCare Plus	determined
		and SSI	
		population with	
		two or more	
		chronic	
		conditions such	
		as asthma,	
		diabetes, heart	
		conditions but	
		excluding mental	
		health	
		comorbidities;	
		and 2 or more	
		ER visits or 1	
		hospitalization in	
		past 2 years	

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X	Individuals who are terminally ill and receiving Medicaid hospice benefits under 1902(a)(10)(A)(ii)(vii)	Adult FFS BadgerCare Plus and SSI population with two or more chronic conditions such as asthma, diabetes, heart conditions but excluding mental health comorbidities; and 2 or more ER visits or 1 hospitalization in past 2 years	Pilot area to be determined
	Institutionalized individuals assessed a patient		
	contribution towards the cost of care	A July EEPO	D:1-4 1
X	Individuals dually eligible for Medicare and Medicaid (42 CFR §440.315)	Adult FFS BadgerCare Plus and SSI population with two or more chronic conditions such as asthma, diabetes, heart conditions but excluding mental health comorbidities; and 2 or more ER visits or 1 hospitalization in past 2 years	Pilot area to be determined
	Disabled children eligible under the TEFRA option - section 1902(e)(3)		
x	Medically frail and individuals with special medical needs	Adult FFS BadgerCare Plus and SSI population with two or more chronic conditions such as asthma, diabetes, heart	Pilot area to be determined

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	•		
		conditions but excluding mental health comorbidities; and 2 or more ER visits or 1 hospitalization in past 2 years	
	Children receiving foster care or adoption assistance under title IV-E of the Act		
X	Women needing treatment for breast or cervical	Adult FFS	Pilot area to be
X	cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)	BadgerCare Plus and SSI population with two or more chronic conditions such as asthma, diabetes, heart conditions but excluding mental health comorbidities; and 2 or more ER visits or 1 hospitalization in past 2 years	determined
X	Individuals eligible as medically needy under section 1902(a)(10)(C)(i)(III)	Adult FFS BadgerCare Plus and SSI population with two or more chronic conditions such as asthma, diabetes, heart conditions but excluding mental health comorbidities; and 2 or more ER visits or 1 hospitalization in past 2 years	Pilot area to be determined
x	Individuals who qualify based on medical condition for long term care services under 1917(c)(1)(C)	Adult FFS BadgerCare Plus and SSI	Pilot area to be determined

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			population with two or more chronic conditions such as asthma, diabetes, heart conditions but excluding mental health comorbidities; and 2 or more ER visits or 1 hospitalization in past 2 years	
imited	Services Individ	duals		
	Opt-In	Included Eligibility Group and Federal	Targeting	Geographic
	Enrollment	Citation	Criteria	Area
Γ		TB-infected individuals who are eligible under		
L		1902(a)(10)(A)(ii)(XII)		
		Illegal or otherwise ineligible aliens who are		
		only covered for emergency medical services under section 1903(v)		
	regain immedisenrolling  Inform the i	inform the individual that enrollment is voluntary, tediate access to full standard State/Territory plan cost.		
	State/Territo	individual of the benefits available under the benchr package and has provided a comparison of how the ory plan benefits.		
	State/Territo  Document i  The	package and has provided a comparison of how the ory plan benefits.  In the exempt individual's eligibility file that: It individual was informed in accordance with this see individual was given ample time to arrive at an infection individual voluntarily and affirmatively chose to express the second se	benchmark plan differ ection prior to enrollm formed choice,	ers from the standard
	State/Territo  Document i  The The plan  For individu benchmark/ and the Stat	package and has provided a comparison of how the ory plan benefits.  In the exempt individual's eligibility file that: It individual was informed in accordance with this see individual was given ample time to arrive at an infection individual voluntarily and affirmatively chose to express the second se	ection prior to enrollm formed choice, nroll in the benchman	ers from the standard nent, k/benchmark-equival in a al they are now exem
	State/Territo  Document i  The The The plan  For individu benchmark/ and the Stat below the p	package and has provided a comparison of how the ory plan benefits.  In the exempt individual's eligibility file that: In individual was informed in accordance with this set individual was given ample time to arrive at an informatividual voluntarily and affirmatively chose to end.  In all the State/Territory determines have become exemple the exemption of the state of the	ection prior to enrollm formed choice, nroll in the benchman	nent, k/benchmark-equivale in a al they are now exemp

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- o The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
- o The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.

For populations/individuals (checked above in 1a. & 1b.) who voluntarily enroll, describe in the below the manner in which the State/Territory will inform each individual that:

- Enrollment is voluntary;
- o Each individual may choose at any time not to participate in an alternative benefit package and;
- o Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.

A medical home targeting adult Fee-For-Service BadgerCare Plus and SSI members with multiple chronic conditions like asthma, diabetes or heart conditions (excluding mental health comorbidities) will enable this vulnerable population to receive the care coordination services they greatly need to improve health outcomes. To maximize the benefits of the medical home and ensure the immediate medical assessment and care needs of members are addressed, this program will initially enroll all eligible members into the alternative benchmark program. This program includes the full benefit package under the Medicaid/Standard Package but adds benefits critical for this vulnerable population — care coordination, medical assessments, and medication therapy management. The program will operate on an all in/opt out model. The member will have the option of disenrolling from the medial home after six months of continuous enrollment.

Wisconsin will use different avenues to inform each individual about their rights under this program. Below are some of the ways in which the state plans to inform individuals, Tribal governments, advocates, and the community about the program:

- 1. The state will hold meetings with Tribal representatives to obtain their recommendations.
- 2. The state will develop informing materials that:
  - a. Identify the geographic area and the population to be enrolled in the program.
  - b. Explain the nature of the **voluntary** enrollment, including the period of enrollment, exemption criteria, and the opt-out process
  - c. Clearly inform members that participation in the program will not reduce their regular benefit package under Medicaid.
  - d. Explain the benefits of the enhanced services, including having a care plan that is multi-disciplinary; addresses access and coordination across the full spectrum of the patient's needs from preventive services and health screenings, to specialty medical care, inpatient care, and crisis intervention.
  - e. Provides a toll-free contact number for questions and information.
- 3. The state will expand the duties of the Medicaid HMO Enrollment Specialist to include outreach and information sharing to this population. The Enrollment Specialist will be responsible for the following:
  - a. Answering questions and providing information via the toll-free line, including explaining the enrollment procedures and member rights.
  - b. Informing members about the voluntary nature of the program, including how to discontinue their participation.

o. Informing members us	out the voluntary	natare of the prog	juin, moraanig no w	to discontinuo in	ar participat
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	ad d. Ed co	etting members know that there is no cost or reduction of benefits; emphasizing the fact this benefit is offered in dition to the full complement of services already covered under Wisconsin Medicaid. Succeeding members about the benefits of participating in this program, for example, improved communication and ordination between health care providers and the member. Secumenting all requests for disenrollment			
		tate will make direct mailings to members informing them about their enrollment in the program, the period of lment, the benefits of the program, and that they will have the option of disenrolling after the first six months.			
	The no	ate will send written notification to the member and inform the health care coordinator of all disenrollments. otification will explain that the regular benefit package will remain unchanged. The state will include the err for the Enrollment Specialist, should the member have follow-up questions.			
		ividuals eligible under the early option group authorized under sections 1902(a)(10)(A)(i)(VIII) 1902 (k)(2)			
und	ler 193	ividuals in the early option group who are exempt from mandatory enrollment in Benchmark coverage 87(a)(2)(B) <u>CANNOT</u> be mandated into a Benchmark plan. However, State/Territories may offer exempt is the opportunity to voluntarily enroll in the Benchmark plan.			
,	(i)	The State/Territory has chosen to offer the populations/individuals in the early option group who are exempt from mandatory enrollment in the benchmark benefit plan the option to voluntarily enroll in the benchmark benefit plan. Please specify whether the benchmark will cover these individuals Statewide/Territory-wide or otherwise.			
	(ii)	When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:			
	0	Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.			
	0	Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.			
	0	Document in the exempt individual's eligibility file that:  The individual was informed in accordance with this section prior to enrollment,  The individual was given ample time to arrive at an informed choice,  The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.			
	0	For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.			
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	ersed				

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0	o The State/Territory will promptly process all requests made by exempt individuals for disenred benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individual to all standard State/Territory plan services while the disenrollment request is being processed	uals have access
0	o The State/Territory will maintain data that tracks the total number of individuals that have vol in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.	untarily enrolled
0	<ul> <li>For populations/individuals (checked above in 1a. &amp; 1b.) who voluntarily enroll, describe below in which the State/Territory will inform each individual that:         <ul> <li>Enrollment is voluntary;</li> <li>Each individual may choose at any time not to participate in an alternative benefit pacture.</li> </ul> </li> <li>Each individual can regain at any time immediate enrollment in the standard full Medunder the State/Territory plan.</li> </ul>	ekage and;
2. Descrij	cription of the Benefits	
X The	the State/Territory will provide the following alternative benefit package (check the one that applie	s).
a)	a) X Benchmark Benefits	
	□ FEHBP-equivalent Health Insurance Coverage – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(1) of Title 5, United States Code.	
	☐ State/Territory Employee Coverage — A health benefits coverage plan that is offered and generally available to State/Territory employees within the State/Territory involved	l.
·	Please provide below either a World Wide Web URL (Uniform Resource Locator) link to State/Territory's Employee Benefit Package or insert a copy of the entire State/Territory I Benefit Package.	
	☐ Coverage Offered Through a Commercial Health Maintenance Organization (HMO) — The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State/Territory involved.	
	☐ The State/Territory assures that it complies with all Managed Care regulations at	43 CFR §438
	Please provide below either a World Wide Web URL link to the HMO's benefit package or insert a copy of the entire HMO's benefit package.	
	X□ Secretary-approved Coverage – Any other health benefits coverage that the	
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(Adis heathe	Provide below a full descript limitations. Also include a b	eeds of adult members with multiple chronical care plan development that addresses pand (d) service evaluation. The intention is dinated effort to ensure the achievement of e services. The medical care will be membered.	ny applicable n the above.  I services listed in "c" nic conditions. A key component hysical needs; (b) service to link members with identified f desired health outcomes and
1.	· · · · · · · · · · · · · · · · · · ·	-	ıg;
	<ul> <li>patients with multiple chronic condition</li> <li>b. Coordination of health care through a midentify and meet the medical needs of needs of each member, creates a care pless.</li> <li>c. Follow up by the Care Coordinator on revisits), institutional care, chronic care and</li> <li>d. Services provided through open and flest</li> </ul>	nultidisciplinary team, including the prima patients with multiple chronic conditions. an, and ensures that each member is assig eferrals and on linkages between acute cand other specialty care;	The team identifies the health ned a care coordinator; re (including emergency room
2.	This medical home framework, with its emp and on comprehensive care coordination, we be limited in their choice of service provides providers who are experienced in meeting the	ill assure a member-centric focus and contres; however, the care manager will collaborate	tinuity of care. Members will not
	ote: For a summary of benefits under this Meditachment 1.	lical Home Initiative and the Badger Care	Plus Standard plan, see
	(i) Inclusion of Required Ser	achmark plan or plans this benefit package vices – The State/Territory assures the alte e following categories of services: (Check	ernative benefit plan
	Inpatient and outpatient	t hospital services;	
	Physicians' surgical and	d medical services;	
	Laboratory and x-ray se	ervices;	
	Coverage of prescription	on drugs	

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	category of service in the benchmark plan used for comparison by the State/Territory:
	<ul> <li>Vision services, and/or</li> <li>Hearing services</li> </ul>
	Please insert below a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.
c) x	Additional Benefits If checked please insert a full description of the additional benefits including any limitations.
and meet income through the Depa receive care on a receiving medical combination of mindividual member process and enhanthe designated pil	SSI Medicaid coverage if they meet the federal eligibility criteria of being either elderly, blind or disabled qualifications. Many SSI-eligible Medicaid members receive care in a managed care environment rtment's SSI Medicaid HMO contracts; however, there continues to be a population of members who fee-for-service basis. This population, along with a small subset of BadgerCare Plus members, is I care on a fee-for-service basis that is often fragmented, with very little overall care coordination. The nultiple chronic conditions and poor care coordination has lead to suboptimal health outcomes for ers and increased costs to the Medicaid program. This plan provides an outline of the care coordination need services for members with multiple chronic conditions (excluding mental health comorbidities) in lot area. The plan includes all benefits under the BadgerCare Plus Standard Plan and adds the following out to address the unique and ongoing needs of this high risk population:
<ul> <li>Com</li> <li>Reference</li> <li>adhe</li> <li>Enha</li> <li>S</li> <li>H</li> <li>N</li> <li>Any</li> </ul>	edical home framework specific to adult members with multiple chronic conditions; aprehensive medical assessment and treatment based on best practices and the needs of each member; erral for a comprehensive medication therapy management review by a qualified pharmacist to increase erence for medication use; anced patient education to include: Self-management  Health education services  Nutritional counseling from dieticians additional care coordination services needed to address the complex needs associated with this allation.
3. Service Delive	ery System
Check all	l that apply.
Т	The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements of section 1902(a) and implementing regulations relating to payment and beneficiary free choice of provider. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
С	The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements cited above, except that it will be operated with a primary care case management system consistent

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	with section 1905(a)(25) and 1905(t). (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
	The alternative benefit plan will be provided through a managed care organization consistent with applicable managed care requirements (42 CFR §438, 1903(m), and 1932).
	☐ The alternative benefit plan will be provided through PIHPs (Pre-paid Inpatient Health Plan) onsistent with 42 CFR §438.
	The alternative benefit plan will be provided through PAHPs (Pre-paid Ambulatory Health Plan).
C	The alternative benefit plan will be provided through a combination of the methods described above. Please describe how this will be accomplished. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology when applicable.)
4. Employer Spo	onsored Insurance
☐ The alth health p	ernative benefit plan is provided in full or in part through premiums paid for an employer sponsored plan.
5. Assurances	
	ate/Territory assures EPSDT services will be provided to individuals under 21 years old who are d under the State/Territory Plan under section 1902(a)(10)(A).
	Through Benchmark only
X	As an Additional benefit under section 1937 of the Act
	ate/Territory assures that individuals will have access to Rural Health Clinic (RHC) services and ally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section a)(2).
	ate/Territory assures that payment for RHC and FQHC services is made in accordance with the ents of section 1902(bb) of the Act.
	ate/Territory assures transportation (emergency and non-emergency) for individuals enrolled in an tive benefit plan. Please describe how and under which authority(s) transportation is assured for these ciaries.
Т	ransportation is assured as under the BadgerCare Plus Standard Plan.
	ate/Territory assures that family planning services and supplies are covered for individuals of pearing age.
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6. Economy and Efficiency of Plans		
X The State/Territory assures that alternative ber payment limits procurement requirements and applicable to the services or delivery system the	other economy and efficiency p	orinciples that would otherwise be
7. Compliance with the Law		
X The State/Territory will continue to comply w Act in the administration of the State/Territory	-	cial Security
8. Implementation Date		
X The State/Territory will implement this State/	Γerritory Plan amendment on <u>Jar</u>	nuary 1, 2012 (date).
Attachment 1: Covered Services — M BadgerCare Plus Medicaid and Standard Plan cover	, and the second	us Standard Plan
<ul> <li>Case management services</li> <li>Chiropractic services</li> <li>Dental services</li> <li>Emergency services</li> <li>Family planning services and supplies</li> <li>HealthCheck (Early and Periodic Screening, years of age.</li> <li>Some home and community-based services</li> <li>Home health services or nursing services if a</li> <li>Hospice care</li> <li>Inpatient hospital services other than services</li> <li>Inpatient hospital, skilled nursing facility, an institutions for mental disease who are:</li> <li>Under 21 years of age</li> <li>Under 22 years of age and wa</li> <li>65 years of age or older</li> </ul>	home health agency is unava s in an institution for mental of d intermediate care facility se	uilable disease ervices for patients in
<ul> <li>Intermediate care facility services, other than</li> <li>Laboratory and X-ray services</li> <li>Medical supplies and equipment</li> <li>Mental health and medical day treatment</li> <li>Mental health and psychosocial rehabilitative by staff of a certified community support pro</li> </ul> TN No.	e services, including case mar	
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- Nurse midwife services
- Nursing services, including services performed by a nurse practitioner
- Optometric/optical services, including eye glasses
- Outpatient hospital services
- Personal care services
- Physical and occupational therapy
- Physician services
- Podiatry services
- Prenatal care coordination for women with high-risk pregnancies
- Prescription drugs and over-the-counter drugs
- Respiratory care services for ventilator-dependent individuals
- Rural health clinic services
- Skilled nursing home services other than in an institution for mental disease
- Smoking cessation treatment
- Speech, hearing, and language disorder services
- Substance abuse (alcohol and other drug abuse) services
- Transportation to obtain medical care
- Tuberculosis (TB) services

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